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From Involuntary Dependence to Resilient Agency: First Wartime Responses and Evacuation Experiences of People With Disabilities in Israel

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Human-made disasters such as terrorism and war deepen structural inequalities and disproportionately affect people with disabilities, who are often overlooked by designers of ableist infrastructures and emergency systems. Grounded in the social and affirmative models of disability, this study explores the experiences and coping strategies of Israeli people with disabilities evacuated from the Gaza border after the Hamas attack on October 7, 2023. Using a qualitative phenomenological approach, 12 in-depth interviews revealed two main themes: involuntary dependence and resilient agency. Participants described navigating inaccessible environments and exclusionary services, yet also mobilized personal and community resources to foster resilience. The findings showed that systemic exclusion increased involuntary dependence but also emphasized the agency and collective efforts of people with disabilities. They call for emergency and rehabilitation planning that centers lived experience, dismantles barriers, and recognizes disability as a valued sociopolitical identity during crisis.

Public Policy Relevance Statement
People with disabilities show resilience during crises by leveraging their skills, experience, and community networks. Their main challenges arise from social and policy barriers rather than their impairments. Including them as decision makers in emergency planning and health care ensures responses that are inclusive and rights-based. Such participation enhances recovery efforts for individuals and society alike.

Terrorism and war represent profound disruptions to the social fabric of communities, extending far beyond immediate physical harm to create enduring psychological distress and systemic barriers that disproportionately affect marginalized populations (Gelkopf et al., 2013; Karnik & Kanekar, 2014). People with disabilities experience heightened vulnerabilities during such crises, not only because of inherent limitations, but primarily due to the intersection of disability with exclusionary social structures and systemic barriers (Berghs & Kabbara, 2016; Hay & Pascoe, 2019; Priddy, 2019). This is substantiated, for example, by studies demonstrating that during crises, people with disabilities face mortality risks two to four times higher than the general population (Craig et al., 2019). For example, nearly 70% of those most severely affected by disasters such as Hurricane Katrina were elderly and/or disabled individuals (Hemingway & Priestly, 2006).

This heightened vulnerability is neither incidental nor inevitable; it is the product of deliberate policy choices and systemic neglect. The barriers confronting people with disabilities during emergencies include inaccessible evacuation procedures, interrupted essential medical care, communication systems that exclude sensory-diverse populations, and emergency shelters designed without guaranteeing universal access (Battle, 2015). These challenges reflect not individual deficits but a collective failure to respond to human diversity.

Critically, the voices and lived experiences of people with disabilities remain largely absent from both emergency planning and academic research on wartime disasters. Whereas the literature examining disability in natural disaster contexts has expanded (Pakjouei et al., 2018; Spence et al., 2018), existing studies rarely address their resilience, agency, or coping strategies during armed conflict (Shpigelman & Gelkopf, 2017). Specifically, to the best of

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The data and materials for this study are available upon request. All procedures followed were in accordance with the ethical standards of the responsible institutional and national committees on human experimentation and the Helsinki Declaration of 1975, as revised in 2000 (Ethical Committee Approval Number: 191223). Informed consent was obtained from all participants. The authors have no conflicts of interest to disclose.
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our knowledge, no research has systematically examined their experiences during the first response and evacuation stages of war.

This gap is addressed here by highlighting the lived experiences and empowering the voices of people with disabilities during the Hamas attack on Israel. Rather than viewing participants merely as vulnerable subjects, we examine their agency, resilience, and coping strategies, while simultaneously analyzing the societal barriers that constrain their full participation. This study is grounded in the principle of "Nothing about us without us," ensuring that knowledge about disability is coproduced with people with disabilities. Accordingly, this study was conducted with people with disabilities as active research partners, including students with disabilities involved in the study's design, data collection, and interpretation.

Theoretically, the present study builds upon the social model of disability, which addresses challenges faced by people with disabilities as products of disabling social arrangements rather than individual impairments (Oliver, 2013; Shakespeare, 2006). The model reveals how political and socioeconomic structures systematically amplify vulnerabilities during emergencies. In wartime, particularly, emergency systems frequently exclude people with disabilities from both planning and service provision (Hay & Pascoe, 2019; Phillips, 2015). Indeed, most emergency management systems lack even basic accessibility features. Moreover, wartime turns people with disabilities into passive recipients rather than rights-bearing citizens with valuable contributions to collective resilience (Finkelstein & Finkelstein, 2020; Twigg et al., 2013).

The first response and evacuation experienced by people with disabilities in wartime illustrate the ways in which emergency and welfare systems fail to adequately account for their needs. These difficulties are not inevitable consequences of impairment or of the emergency itself but rather reflect policy choices that prioritize certain lives over others (Alexander et al., 2012; Good & Phibbs, 2017; White et al., 2007). Combined, mobility barriers, dependence on assistive technologies, inadequate communication accommodations, and inaccessible shelters compound life risks for people with disabilities (Berghs & Kabbara, 2016). On top of that, the welfare and health care systems upon which many people with disabilities depend often collapse in wartime (Gal & Ben-Porat, 2024). These systemic failures are rarely analyzed through a disability rights lens, especially in Israel (Holler et al., 2024). Critical analysis reveals how these systems, already operating at full capacity in peacetime, abandon their most vulnerable users when resources become constrained (Gal & Ben-Porat, 2024; Stough et al., 2016).

Family networks become crucial sources of support when institutional systems fail. Yet this reliance can simultaneously enable and constrain independence (Howard et al., 2017; Shpigelman & Gelkopf, 2017). While families provide essential resources, they can also reproduce paternalistic relationships that restrict self-determination and reinforce dependency—a tension that requires careful analysis within broader contexts of systemic exclusion (Kun-Buczko, 2019).

The Present Study

The attack on Israel on October 7, 2023, has unleashed unprecedented violence, trauma, and disruption across Israeli society. It resulted in the outbreak of the ongoing Israel–Gaza war, which has claimed the lives of tens of thousands of Palestinian militants and civilians in Gaza. By mid-November 2024, 1,785 Israeli soldiers and civilians have died, and approximately 70,000 people have been evacuated from conflict zones, including 1,539 people with disabilities (Barlev et al., 2023). The evacuation was carried out jointly by the Home Front Command and local authorities, who were responsible for implementing the government's preexisting plans for residents living 4–7 kilometers from the Gaza border. Municipal welfare services and social workers were coordinated support for evacuees, facilitating access to services throughout the relocation process. Most evacuees from the south were transferred to hotels across the country, including in Eilat and the Dead Sea region, with many kibbutzim evacuated as intact community units, while others self-evacuated to different locations (Lerer, 2023).

These events have revealed profound problems in Israel's social welfare infrastructure, rooted in long-standing structural and policy shortcomings that disproportionately endanger disabled people (Gal & Ben-Porat, 2024; Holler et al., 2024) and highlighted the consequences of prioritizing some groups over others within national narratives of crisis (Hochman & Gadot, 2025).

In the wake of the state's failures, volunteerism swept Israeli civil society. Mental health and paramedical professionals, as well as ordinary citizens, provided critical support. This grassroots mobilization reflected both collective resilience and the persistent necessity for informal networks to fill the void left by insufficient institutional responses. Yet while vital, it also raised important questions about rights, equity, and the state's obligations toward all its citizens.

Within this context, the present study focuses on the lived experiences and coping strategies of Israelis with disabilities during wartime. Adopting a qualitative phenomenological design (Creswell & Poth, 2016), it asks: How did Israeli people with disabilities who were evacuated experience the war and their evacuation? What strategies and resources did they draw upon amid systemic failures? By focusing on these questions, we aim to reveal not only the specific challenges faced by people with disabilities but also their active contributions. By linking the macrolevel realities of war, welfare service disruption, and collective mobilization with the microlevel narratives of individuals with disability, this article contributes a critical, rights-based perspective to the literature, informing both scholarly debates and future policy and practice regarding disability, emergency response, and social justice, in Israel and beyond.

Method

Participants

The study included 12 individuals with disabilities (eight women) living in the area bordering on the Gaza Strip during the outbreak of the war. Participants represented a range of disabilities, including cerebral palsy ($n = 5$), muscular dystrophy (2), intellectual disability (1), visual impairment (1), auditory impairment (1), chronic obstructive pulmonary disease and digestive disorders (1), and physical and sphincter-control impairments (1). Ten participants resided in urban areas, while the remaining two were from rural communities. Their ages ranged from 24 to 60 years, with a mean of 35.90 ($SD = 11.94$). The majority of the participants were Jewish, and two were Muslims. Most of the participants were single, four were married, and one was divorced (Table 1).

Using convenience sampling, participants were recruited from among people with disabilities who had been evacuated from the Gaza border area. This proved challenging as, first, most participants

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Table 1
Demographic Characteristics of Participants With Disabilities

Pseudonym	Gender	Age	Marital status (1-single; 2-married; 3-divorced)	Disability	Religion (1-Jew; 2-Muslem)	Type of residence (1-city; 2-kibbutz)	Evacuation destination
Alon	Male	60	2 (+3 children)	Chronic obstructive pulmonary disease and digestion problems	1	2	Hotel at Dead Sea
Tal	Female	28	1	CP	1	1	Parental home
Li	Female	30	1	CP	1	1	Rehabilitation facility
Jakob	Male	54	1	Physical and sphincter control	1	1	Stayed at home
Lea	Female	45	2 (+3 children)	Visual impairment	1	1	Hotel at Dead Sea
Muhamad	Male	33	3	Muscular dystrophy	2	1	Hotel in Eilat
Merav	Female	28	2	Muscular dystrophy	1	1	Parental home
Walid	Male	28	1	CP	2	1	Hostel in Jerusalem
Alma	Female	37	1	Intellectual disability	1	2	Hotel in Eilat
Tanir	Female	28	1	CP	2	1	Hotel in Eilat
Dafna	Female	24	1	CP	1	1	Parental home and rented apartment
Nili	Female	28	2	Auditory impairment	1	1	Hotel at Dead Sea

Note. CP = cerebral palsy.

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had been evacuated from their original residences, affecting the ability to locate and contact them. Second, participants were actively coping with the ongoing war situation, resulting in many people with disabilities declining interview requests due to competing priorities and immediate concerns. Despite these obstacles, we persisted with the recruitment process until data saturation was achieved (Fusch & Ness, 2015). Recruitment was facilitated through social media announcements inviting individuals to participate in the study. Those who expressed interest received further information.

Data Collection

Data for this study were gathered by third-year social work students enrolled in the course "Psychosocial Aspects of Illness and Disability," taught by the first author as part of their bachelor in social work studies at Sapir College. Three of the students had physical disabilities. All students enrolled in the course were informed of the research objectives and processes at the beginning of the course and were invited to participate. Having received comprehensive training and continuous supervision from the first author, they conducted in-depth, semistructured interviews at evacuation sites in February and March 2024, approximately 6 months into the war.

Prior to interviewing, the study's aims were explained to each potential participant, and informed consent was obtained. Special attention was paid to issues of accessibility, privacy, and the voluntary nature of participation. The in-depth, semistructured interview protocol, developed in collaboration with students with disabilities enrolled in the course, included open-ended questions designed to center participants' lived experiences and agency. Questions explored the everyday realities of wartime, challenges related to mobility, accessibility, and evacuation, as well as mental and physical health. Participants were also invited to reflect on sources of support and coping: "Can you describe what a typical day looked like for you during the war?" "What challenges or difficulties did you encounter (e.g., mobility, accessibility, evacuation, mental or physical challenges)?" "What helped you cope with these challenges?" "Were there any external resources—formal or informal—that supported you?"

The interviews were conducted by two students each, face-to-face or via Zoom, depending on the participant's convenience. They lasted approximately 90 min and were audiotaped and transcribed verbatim with the participants' consent. All participants answered the interview questions independently. One participant with an intellectual developmental disability received minimal support from her mother, who helped clarify and mediate some of the questions as required.

Throughout the research process, the first author provided ongoing guidance and support to the student interviewers, reinforcing ethical conduct, participant autonomy, and sensitivity to power dynamics. The study received ethical approval from the Sapir College, School of Social Work Ethics Committee (Reference No.: 191223).

Data Analysis

After reviewing the transcripts for accuracy, the authors analyzed them following the reflexive thematic approach (Braun et al., 2019), which posits that themes arise from the researchers' analytical efforts to uncover and develop an understanding of patterns in meaning. Data analysis unfolded in six phases. First, both researchers thoroughly read the transcribed interviews and noted initial impressions to familiarize themselves with the material. Next, they conducted initial coding with an inductive focus, identifying units of meaning that offered valuable insights into the intersection of disability and war. In the third stage, identified categories were reorganized into themes, with the contents of the codes separated into distinct units and rearranged according to these themes. The themes were then constructed, revised, and defined, resulting in two versus themes that capture opposing poles of participants' experiences (Saldaña, 2021) were finalized: (1) involuntary dependence and (2) resilient agency. These themes captured the dynamic tension between increased dependency arising out of structural and systemic barriers and the agency demonstrated by participants in response.

To enhance trustworthiness, the authors employed investigator triangulation. A clear chain of evidence was documented for each procedural step, from the interview protocol to data analysis. Both authors engaged in reading and analyzing the collected data,

followed by consultations to reach consensus (Haq et al., 2023). Moreover, after agreeing on the initial themes, the authors invited the students with disabilities to advise on the interpretation of findings. Two of them reviewed selected coded excerpts and the preliminary thematic framework and assessed whether the interpretations reflected their lived disability experiences, noting subtleties that might otherwise have been overlooked. Their feedback was integrated by refining theme labels, adjusting subthemes, and clarifying interpretations. This involvement of students with disabilities in the research design and data analysis helped produce a more grounded, internally informed interpretation of the data, embodying the principle of “nothing about us without us.”

Results

Participants’ narratives revealed a dynamic and often tense interplay between two themes. The first, *involuntary dependence*, captures accounts of being compelled, often reluctantly, to rely more heavily on welfare and support services during the war and evacuation. Under ordinary circumstances, these services were used strategically to enhance independence and social participation; however, the war disrupted that balance. Evacuations, loss of personal assistants, damage to accessible infrastructure, and the breakdown of service delivery meant that participants were unable to enact the self-protective measures they valued, such as independently reaching safe locations. Reliance on overstretched and, at times, unresponsive systems not only undermined their autonomy but intensified vulnerability.

The second theme, *resilient agency*, highlights the strategies participants used to regain control and navigate the first days of the war and evacuation. Here, disability was not framed as a limitation but as lived expertise that informed creative problem-solving and resource mobilization. Participants described finding alternative ways to secure daily necessities, negotiate physical and bureaucratic obstacles, and maintain decision-making power over their lives. These acts of agency contrast sharply with the experience of enforced dependence, underscoring that even in contexts of systemic failure and acute crisis, people with disabilities actively pursue autonomy and contribute to their own safety, dignity, and well-being.

“You Don’t Want to Be Reliant or Needy”: Involuntary Dependence

With the outbreak of the war, which involved heavy rocket fire from Gaza, the participants were preoccupied with having to protect themselves immediately as a first response. Some found shelter within their homes, whereas others had to search for a protected space elsewhere. They described how the emergency, combined with their disability, left them feeling exposed to the enemy threat without being able to defend themselves:

> On 10/7, people lifted up a mattress and hid underneath, or got into a tall cabinet. All these options, I didn’t have them. Suppose I managed to, what was I to do with the [wheel]chair? What was I to do with my [guide] dog, in order to find a corner where I could hide and feel a little safe? So I’d crawl underneath the desk, I’d go down to the floor, and push the chair. (Muhammad)

> During the days before our evacuation, tasks that used to be simple for me, became complicated, with lots of fears of going outside the house. … One day, when I went outdoors to buy some medicines. … I was caught by the siren, and I panicked. Because I don’t see far because of optic atrophy, I had trouble finding a shelter on my own and I simply ran [and] due to my anxiety I fell over a pavement [stone] I didn’t see. People helped me get up and reach the nearby outdoor shelter. It was a humiliating and difficult experience for me, because I was also injured. (Leah)

The participants also shared their expectation that given their disability which would prevent them from being evacuated like able-bodied civilians, the authorities will provide solutions. As Lee described it,

> [On 10/7] There were [Hamas] terrorists in the neighborhood who tried to hit one of the building windows above, and then they hit the elevator and created this huge hole. And then we realized that in fact they hit my floor. … The windows were completely shattered and broken. We opened the door and realized it was in our [floor]. When a rocket fell, I realized we had to move out. I contacted all sorts of NGOs … volunteers who would try to understand the procedure for immediate evacuation [of a person in a wheelchair from a building without an elevator].

Nili described how her impairment prevented her from hearing the sirens at night when her phone was not within close reach, and how her family members had to awaken her so that she could run to safety: “I didn’t wake up from the sirens because I didn’t hear them; that’s the whole problem in emergency situations, because you don’t hear them, you depend on others.”

The evacuation itself was described as a complex event in which participants had to rely on external assistance, intensifying their sense of dependence. It was described as involving distress, anxiety, helplessness, embarrassment and even humiliation, encumbered by their reluctant reliance on unprepared or unskilled helpers:

> I’m at home and I don’t have a car or anyone who can come pick me up. There’s nobody who can get into town and evacuate me, the guide dog and the wheelchair. Not every vehicle can come pick us up. I don’t have extra baggage, I don’t have luggage … but me, the dog and the wheelchair—that already requires a big car. (Muhammad)

> The evacuation was very difficult, both technically and emotionally. You need to understand that soldiers now had to physically carry a wheelchair down two floors, and it’s a lot of responsibility. Fear that under pressure, we would all fall … there’d suddenly be a moment of inattention … or they’d not hold the chair in the proper place … and the chair would slip. And even a sense of embarrassment, of being unable to fend for myself. (Lee)

This dependence continued in the evacuation destinations. In most cases, these were inaccessible and not adapted to the participants’ needs. Thus, instead of starting to resume their relatively autonomous routine, they found themselves once again dependent on government services, family members, or even strangers nearby. Merav described her experience in the apartment to which she was evacuated,

> Entering the security room was very complicated every time. … I’m in a wheelchair and I have muscular dystrophy so getting there each time anew [when there was a rocket siren] was a real nightmare. My husband had to push me in every time until we realized it made no sense that way and I’d simply stay inside the security room.

Leah also described having to depend on her partner in the hotel to which they were evacuated,

> When the siren would go off, I’d need my husband to help me a lot, to take me to sheltered areas, and I was dependent on him more than

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> usual. … For example, it took me a lot of time to get my bearings here in the hotel, because I don't really see well, as this is not my natural environment. …

Dafna describes how she did not want to depend on her sister, and preferred to remain unprotected:

> The evacuation to my father's house was not an official or conscious decision, but rather a constraint based on the understanding that I could not return to living in my city. At my father's house, there's no accessible protected space; one needs to go down to the shelter with many stairs. … My sister offered to carry me to the shelter, but I refused because she's my sister and not my caregiver. I didn't want to be dependent on her and wanted to maintain boundaries. So I stayed in an apartment that's not protected.

The participants' involuntary dependence also made them feel lonelier and more transparent. Some of them shared that the places to which they were evacuated were inaccessible or that social workers isolated them from their community of origin by prioritizing accessibility at the expense of their social need to remain with its members, as occurred with most able-bodied evacuees. Alon described this as follows:

> I ask her, why Hotel? Where is everybody else going? She says, we're going to a different hotel. … There's an accessible room there. So I tell them, listen, this isn't right, I need the company, I can't be alone. If there's a room with a shower, I don't need anything else … because I have trouble getting into a bathtub.

The participants' loneliness after the evacuation was also due to the suspension of welfare services that had provided social contact or occupation before 10/7:

> It's still very difficult … it's not easy to be with your parents at that age. I have to tell you that at my parents' home I don't really have friends. All my friends are already married and don't live in the city. … And in [location], there are students, there's company, there's the welfare service organization that helps people with disabilities and there are activities and stuff—it's different. (Tal)

This suspension or limited provision of services affected the participants' well-being and physical conditions:

> The day is very boring, very empty. There's no routine, no schedule. It's not like on a day that's not in wartime, when you get up in the morning and go to work and the kids go to school. … I had to look … for a new job, a place to volunteer, some kind of occupation and sense of meaning. … Because there really is no kind of setting that can hold me. … Because I'm in a place where I don't know so nobody knows me. I don't know where the accessible places are. … (Lee)

> There used to be medical services which I'd get regularly, and they changed following the war. First, I had to defer important medical treatments. … They also cancelled my paramedical treatments, such as physical therapy, or do them online, which was less relevant for me. I also used to have emotional support groups … that shut down. … These changes made me lose my confidence and feel helpless and I was really afraid that my physical and mental condition would deteriorate. (Merav)

Finally, Dafna describes the difficult emotional experience of coping with the lack of understanding of her need to maintain therapeutic continuity, such as by evacuating her caregiver with her:

> The state is experienced in emergencies, so why weren't there guidelines regarding the evacuation of caregivers? I was deeply hurt that I was forced to reveal and share why I needed a caregiver in my daily life, even during evacuation. This sense of invasion into my privacy angered me. It made me realize that no matter how politically active I'd be, there will still always be a needy and dependent part of me. … That's not an easy realization.

"If You Want Something Done, Do It Yourself": Resilient Agency

Despite their growing and often reluctant reliance on inadequate support systems, participants described how the realities of crisis compelled them to adopt a proactive, self-advocating stance and regain control. This involved independently organizing evacuations, developing new daily routines, and adapting unfamiliar environments to meet their access needs. Such actions were not only practical strategies for survival but also expressions of autonomy and self-efficacy, demonstrating resilience in the face of both wartime disruption and layered structural barriers.

Some participant described how already in first stage of the war, which involved massive rocket fire, they realized the difficulty of finding appropriate shelter and evacuated themselves independently to the homes of relatives, or contacted services for people with disabilities in locations far from the frontline in order to evacuate there. These accounts highlight that, even amid systemic failure, people with disabilities acted as agents of their own safety. Alon described his self-evacuation as follows:

> Because of all of my complexity, my mobility scooter and oxygen bottle, we didn't want to be transported by bus. … And for a few hours, there was no vehicle to be had [from the public transportation] so I called her and told her, listen, I don't need a car, I have my son's car. … And that's one of the most important things I had in the first few days. Because independence is very-very important.

Most participants also described how the lack of accessibility in the evacuation destinations forced them to find solutions on their own in order to retain a measure of autonomy: "I find the way; I don't give up on anything I want because it's not there. For example, there are some exercises I can't do in the hotel gym because of the situation, but I quickly found substitutes" (Muhammad). Alon needed two refrigerators because of his unique nutritional needs and described being transferred to a small hotel room where he had to make sure everything he needed could fit in:

> There are two refrigerators and there's someone who helps me prepare the food now. … I link up with my computer at work … you have to find solutions because if I didn't … my life would have grounded to a halt.

The participants' proactive coping was also expressed in attempts to establish a new routine. The abrupt disruption of their daily lives made them act tirelessly to create a new schedule and occupy themselves:

> Life used to have some kind of permanent setting. And here you have to create it every day anew. You have to understand if you want to find another job in a different town … where it would be, in which area, and contact all kinds of services, badger them and not give up. When there's no war, things are a bit more stable—you know your place, and which service is responsible for you. … And this war, these past five months forces you to create it … again and again. (Anat)

Nili describes how she channeled that difficulty into action:

> It's really not good for me to be socially isolated, and I knew this was important to me, so I took steps in order not to be alone. … I was very

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> busy with others who needed help. … I organized activities for young children at the hotel to which I was evacuated.

Others, like Muhammad, used prewar hobbies to cope: “In the first month, I scuba dove maybe 10–15 times, which is what fills me up very much, and I managed to also use it to relieve all the stress I had inside.” In a similar vein, Alma shared: “I create jewels. I brought all my beads from home. When I create jewelry, it makes me forget a little. I also paint.”

The participants also struggled to attain resources and find alternative solutions, such as special food they lacked, nursing care that was suspended, and finding new employment due to the continuation of the war:

> As time went by and the period extended, each searched for their own services. … Each one of us simply became more active and effective during this time, realizing that if you want something done, do it yourself. … I posted on Facebook that the NGO ran out of money, and we were looking for donations for hot meals. … And indeed they helped us, even people from the neighborhood of the NGO … they brought us food. (Lee)

> I went to the welfare officer [in charge of providing special services], and he said “great, we’ll find you a job”. And then he came up with a name … and I spoke to her. … We agreed on NIS 50 [~$14] an hour. … Generous on her part. … I live great. Because I have the allowance, I have the salary … although I work only four hours. (Alon)

> Now I’m independent. I take the train on my own, I found a job. … The factory was not accessible at all—I made it accessible according to my own and another person’s needs. And we now intend to go get other people with disabilities to work in the factory. (Walid)

Following Walid’s quote, it appears that the participants were not only active in accessing new resources, but turned their own disability into a resource, helping abled populations as well, out of a desire to contribute to the national recovery effort. Alon lent his scooter:

> I posted—everyone who needs anything, delivery, shopping, whatever, I have a mobility scooter. … Everyone who needed pills. … Now I do it happily with my scooter, I take it to the pharmacy. You have to see what society needs, that’s all.

Muhammad also pitched in:

> During the first week, I couldn’t manage to sleep right, I hardly functioned. … I volunteered a lot to cope with the trauma. I’d load stuff on my car, drive around the area where there were soldiers. … I gave away basic stuff, boxer shorts.

Participants described how shifting from involuntary dependence to adaptive.

The participants’ ability to act independently drew on years of coping with complex situations, developing resilience, and applying practical problem-solving skills:

> I used my senses and my problem-solving mechanism and creativity which arise when I find myself in [difficult] situations in life. (Leah)

> Coping … is not new to me. … In my work I used to help older adults with maintenance and stuff … Now I found that people had trouble getting their pills, so I pitched in. (Alon)

This transition from involuntary dependence to resilient agency enabled some participants to discover new strengths:

> I found I was able to cope with more difficulties and challenges than I used to think. I found that I was stronger than I believed. In the first few days I had to get up and move several times. I thought I wouldn’t make it, but I found out I could overcome the pain and the difficulty. (Merav)

> I think the war helped me very much in understanding who I was, and helped me solve conflicts I was coping with for quite a while. … you try to develop, who would belief that I’d be in a gym? … I would feel a sense of achievement. (Muhammad)

Finally, from a broader perspective, the participants described how coping with the war taught them to form new relationships and the meaning of being part of a society where you could be involved just like everybody else:

> To connect to people here in the area and get to know them and be in touch in order not to feel lonely. And also look for … temporary occupations or volunteering … a little something I can do. … to be involved in my environment, to become integrated so long as I’m in this part of the country. (Lee)

> During the war, I found I had this new ability to readapt, to cope with the current situation and not be afraid. My faith became stronger …, because that’s what kept me sane and relaxed. … Beyond that, … I felt I had to remain optimistic and resolved to overcome everything because I’m a mother and they absorb everything from their parents. (Leah)

Discussion

This study examined the wartime coping experiences of Israeli people with disabilities during the initial days of the war and the evacuation following the Hamas attack on October 7, 2023, which resulted in the Israel–Gaza war. Particular attention was devoted to the challenges of forced evacuation and relocation. Analysis of participants’ narratives revealed two interrelated and dynamic themes at the intersection of disability and war: involuntary dependence and resilient agency. These findings challenge linear, individualized understandings of the dependency–independence relationship, showing instead that these positions shift in response to resource availability, the adequacy of welfare and health services, and individual lived experiences.

The crisis conditions in Israel, due to the war, revealed and intensified long-standing deficiencies in the welfare and health systems. Services ordinarily designed to promote autonomy (Okah et al., 2023) became unreliable, inaccessible, or entirely unavailable. This abrupt collapse of social support infrastructures forced participants into involuntary dependence. Crucially, this dependency was not perceived as an inevitable consequence of impairment, but as the outcome of environmental, institutional, and policy barriers.

In 2022, legal regulations for evacuating people with disabilities during emergencies were promulgated (Ministry of Justice, 2024). These regulations outline clear requirements for accessible evacuation, emphasize the importance of providing information through various media to people with disabilities, and specify responsibilities for the evacuation, including those of the Israeli Defence Force and the local authorities. Yet, our findings show that these policies were only partially implemented during the October 7 events. According to social workers involved in evacuating people with disabilities, the evacuation protocol was only partly followed, and people with disabilities were unaware of their rights under this protocol. The gap between formal policy and lived experience, as arising from this study, highlights the urgent need for a stronger

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social work-oriented response that centers rights, autonomy, and systemic accountability (Zaviršek & Cox, 2024). Social workers in welfare services, local authorities, and community services organization are critical actors in bridging this gap.

These findings resonate with the social model of disability (Oliver, 2013; Shakespeare, 2006). In wartime, the fragility of welfare and health systems became starkly evident, undermining autonomy and exacerbating vulnerability. The Israeli experience reflects global research on disability in conflict zones, which consistently identifies sociopolitical structures, rather than bodily differences, as the central source of risk (Berghs & Kabbara, 2016; Twigg et al., 2013).

In the Israeli context, a particular societal arrangement was observed through the tension between physical accessibility and community cohesion. Welfare services often prioritized accessibility (e.g., wheelchair-friendly facilities) over the socioemotional needs of people with disabilities, such as maintaining ties with familiar support networks. As a result, individuals were frequently forced to choose between accessible environments and the comfort, resilience, and sense of belonging provided by their communities. This dilemma is echoed in disaster research, where evacuation protocols tend to prioritize logistical efficiency (Brittingham & Wachtendorf, 2013). The Israeli protocol concentrates on the physical need, such as accessibility. However, it fails to address the importance of staying with the original community, such as kibbutz. Peek and Stough (2010) argued that disability was intensified by the cost of evacuation, noting that separation from their communities magnified and amplified evacuees' isolation and hindered long-term adaptation.

Moreover, the absence of essential services, such as mental health support and employment assistance, further compounded vulnerability during and after relocation, depriving many people with disabilities of the resources necessary for recovery and adaptation. In light of these challenges, the gradual evacuation model proposed by White et al. (2007) offers a promising alternative. By maintaining natural support groups throughout the evacuation and relocation process, this approach addresses both the need for accessibility and the preservation of community connections fundamental to resilience.

Whereas many participants experienced heightened vulnerability due to their involuntary dependence, our findings also highlight their resilient agency. Facing systemic inadequacies, participants mobilized external resources such as family members, community vehicles, and informal networks, while also relying on personal resources, including life experiences and problem-solving skills. This proactive, resourceful approach enabled them to navigate the immediate dangers of war despite systemic barriers. It is aligned with the affirmative model of disability (French & Swain, 2004; Swain & French, 2000), which frames disability as a valued aspect of human diversity, offering distinctive skills, insights, and adaptive strategies. Other studies who describe how people with disabilities develop creative strategies to overcome emergency barriers shaped by the intersection of disability, environment, and crisis (Abbott & Porter, 2013; Jevtić et al., 2025).

The reliance on family as an external support system during evacuation and temporary relocation, as documented here, echoes patterns observed in previous disaster contexts (Finkelstein & Finkelstein, 2020; Kun-Buczko, 2019; Shpigelman & Gelkopf, 2017). Note, however, that although participants recruited family members, whose support was critical for immediate rescue, the potential for caregiver burnout with prolonged dependence is also noted in the literature (Spence et al., 2018). Moreover, relying on family support may reduce independence (Kun-Buczko, 2019).

Limitations and Future Directions

This study has several limitations. First, it was conducted approximately 6 months after the war broke out, while participants remained displaced and hostilities continued. Therefore, the findings may reflect only this specific period, highlighting the importance of longitudinal studies to examine experiences and consequences over time. In addition, our sample includes only 12 people with disabilities due to difficulties in reaching this population during the war; it is also not representative in terms of the full spectrum of disabilities. Future studies should include more people with diverse disabilities to capture a broader range of wartime experiences. Third, although several students conducted the interviews, which may have introduced variability in interviewing style, we sought to reduce it by providing standardized training and using a unified interview guide. Finally, while our qualitative approach with a small participant group allowed for in-depth exploration of personal experiences, future research should examine these phenomena among larger populations using complementary methodological approaches such as participant observation or quantitative surveys to enhance generalizability and comprehensive understanding.

Implications for Policy and Practice

The findings of this study have several implications for policy and practice. *First*, they indicate that during the early stages of the war and evacuation, people with disabilities shifted between involuntary dependence and resilient agency. This reflected the presence or absence of supportive systems, rather than the disability itself. Even when formal structures failed, participants drew on lived experience and community-based strategies to sustain agency, supporting the view of people with disabilities as rights holders and contributors to community resilience (Abbott & Porter, 2013; United Nations, 2006). Moreover, although Israel's 2022 accessibility regulations for emergency evacuation (Ministry of Justice, 2024) represent progress, they do not sufficiently address autonomy, informed decision making, community belonging, or awareness of rights. They also do not specify the role of social workers, despite their central involvement in welfare, community, and disability services. This gap contributed to inconsistent support and limited advocacy during the evacuation.

Accordingly, emergency planning requires stronger adherence to evacuation regulations, accessible and consistent communication, and individualized evacuation plans created with the person with a disability. Planning processes should embed principles of autonomy, community participation, and adaptive communication systems that remain functional under rapidly changing conditions (Battle, 2015; Holler et al., 2024). Moreover, families should be recognized as more than caregivers. With appropriate training, they can act as active partners in continuity of care and rehabilitation, strengthening both individual resilience and the broader support network (Finkelstein & Finkelstein, 2020; Smith & Notaro, 2009).

Second, at the service level, welfare, health, and community organizations should implement disability inclusive preparedness training. This includes trauma- and regulation-informed practice. Furthermore, an ongoing service plan should be implemented for the entire duration of the war, ensuring the ability to maintain therapeutic,

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social, and occupational supports during extended displacement, including through mobile and remote approaches when necessary (Lapierre et al., 2025; Shpigelman & Gelkopf, 2017).

Third, at the community level, social workers can play a vital role by partnering with disabled people's organizations, jointly developing emergency protocols, and ensuring that people with disabilities are represented in municipal and national emergency committees. Their responsibilities for emergency planning and their roles during evacuation should be clearly defined, enabling social workers to advocate for rights, including communication accessibility, and continuity of care.

Conclusion

This study examined the experiences and coping strategies of Israelis with disabilities during the initial days of the war and the evacuation from the Gaza border following the October 7, 2023 attack. The findings revealed a dual reality in which inaccessible systems and exclusion generated involuntary dependence. At the same time, people with disabilities drew on personal strength, lived experience, and community resources to exercise resilient agency. This dynamic highlights the need to move beyond emergency responses that reinforce dependency inadvertently toward approaches that recognize autonomy, uphold rights, and integrate disability expertise into all stages of emergency planning. The study shows that people with disabilities contribute meaningfully to community resilience and national recovery, supporting the affirmative model of disability as a valued sociopolitical identity. These insights point to the importance of embedding principles of autonomy, community belonging, accessible communication, and a clearly defined social work role within emergency protocols, so that future crises are met with responses that promote dignity, capacity, and equitable inclusion.

Keywords: people with disabilities, wartime, involuntary dependence, resilient agency, social model

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